

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS (ATF)
APPLICATION FOR A PERMIT AS A MANUFACTURER OF TOBACCO
PRODUCTS OR AN EXPORT WAREHOUSE PROPRIETOR

GENERAL INSTRUCTIONS

- A. Why do I need this form?** If you want a permit to manufacture tobacco products or to operate an export warehouse under Chapter 52 of Title 26 of the United States Code (Internal Revenue Code), complete and file this form. Applying for this permit does not authorize you to operate contrary to any Federal, State or local laws.
- B. How do I file this form?** Send this form to the ATF Tobacco Unit, 550 Main Street, Cincinnati, OH 45202-3263. We recommend that you keep a copy of what you send.
- C. What are tobacco products?** Cigars, cigarettes, smokeless tobacco, pipe tobacco, and roll-your-own tobacco.
- D. What is an export warehouse?** A bonded internal revenue warehouse that stores tobacco products and cigarette papers and tubes on which tax has not been paid and that will be shipped to a foreign country, Puerto Rico, the Virgin Islands, or a United States possession or shipped for consumption beyond the jurisdiction of the internal revenue laws of the United States.
- E. Can I reference information that ATF already has on file?** Yes if you include:
 (1) The name and address on the ATF form or the ATF permit number;
 (2) The ATF form and item number; and
 (3) The date that the ATF form was signed.
- F. What if there is not enough space for my information?** State that you have attached it in the item on this form.
- G. When I attach information to this form, should I note it?** Note any attachments to its item number and the ATF form number - 2093 (5200.3).

INSTRUCTIONS FOR ITEMS ON THIS FORM

H. Item 3. What is my legal name?

Your business is a:	Your legal name is:
Sole Proprietorship	Your full name.
Partnership	The name of each partner, or the name of the partnership as filed with a State or local government.
Corporation, association, limited liability company, or other business organization	The name as stated on your documents filed with the State or local government.

- I. Item 4. What is my employer identification number?** This is the nine-digit code that the Internal Revenue Service (IRS) assigns to your business. If you do not have an employer identification number, you must file an IRS Form SS-4. You may get this form from the Internal Revenue Service.
- J. Item 5. What is a trade name?** In general, a trade name is used to identify your business that is not its legal name. For example, your legal name may be ABC Corporation, but you use ABC Tobacco Products in your business operations. Business operations include any name with which you identify your business on invoices or letterhead. Also, business operations include a name that identifies your business on packages of tobacco products or cigarette papers and tubes.
- K. Item 6. Am I required to have a trade name certificate?** Your State, county or municipal authority may require a trade name certificate to operate your business under a trade name. If your State, county or municipal authority does not require a trade name certificate, state this fact in item 6.
- L. Item 8.**
- a. What must I include in my description?** State the number, street, city and State of the location of your factory or export warehouse.
- b. When do I need a diagram?**
 (1) Your factory or export warehouse is more than one building and each building cannot be identified by a separate street address. Identify each building by a letter, number or similar designation.
 (2) Your factory or export warehouse uses only a part of a building. Show the floor and room(s) in the building.
 (3) Your factory adjoins a retail store. Show any doors or other openings between the factory and the retail store.
- c. Use of factory.** Unless you have the authority from an ATF regulation or a letter written to you from an appropriate ATF officer, you cannot use a factory for purposes other than those associated with the manufacture of tobacco products.
- d. Use of export warehouse.** Unless you have the authority from an ATF regulation or a letter written to you from an appropriate ATF officer, you cannot use an export warehouse for other than the storage of tobacco products or cigarette papers or tubes.

M. Item 9. Business Documents.

Your business is a:	Attach to this application:
Partnership or association	Accurate copy of articles OR the certificate required to be filed by any State, county or municipality.
Corporation	<ol style="list-style-type: none"> 1. Accurate copy of the corporate charter OR certificate of corporate existence or incorporation. This copy must be executed by the appropriate officer of the State in which incorporated. 2. Accurate copy of stockholders' meetings, bylaws, or directors meetings that list the offices authorized to sign documents or otherwise act on behalf of the corporation. The accuracy of the copy must be certified by an appropriate officer of the corporation. The authority must exclude matters relating to laws and regulations issued under Chapter 52 of Title 26 of the United States Code (Internal Revenue Code). You can use ATF F 5100.1, Signing Authority for Corporate Officials, in place of this copy.
Limited liability company or other business organization	Accurate copy of the business document(s) filed with a State, county or municipality when such filing is required. The copy must show that it was filed with the appropriate government agency. For example, a limited liability company must provide an accurate copy of its operating agreement.

N. Items 10 and 11 Who must I consider as a "person"? An individual, partnership, association, company, corporation, estate or trust.

O. Item 10**a. Which persons must I list for item 10?**

- (1) Yourself if you are the sole proprietor.
- (2) Each partner if your business is a partnership.
- (3) Each officer or director if your business is a corporation.
- (4) Each position similar to an officer or director of a corporation if your business is another type of business organization.
- (5) A manager of a limited liability company.
- (6) A stockholder who holds more than ten percent of the stock of a corporation, limited liability company, or similar business organization.
- (7) An investor who has or will contribute more than ten percent of the funds for the business.

b. What information must I provide for each person? If any information is not applicable, state so.

- (1) Full legal name (*if a business, read instruction H*);
- (2) Title and position in my business;
- (3) Percent (%) of voting stock or interest held in my business as a manufacturer of tobacco products or as an export warehouse proprietor (*Do NOT include stock held by a corporation to determine the percent of voting stock*);
- (4) Dollar amount of current and anticipated investment in my business as a manufacturer of tobacco products or as an export warehouse proprietor;
- (5) The name and address of the person(s) from whom the investment comes; and
- (6) The reason for, or the source of, the investment. For example: savings, loan, profits from other business or gift.

P. Item 11. Who exercises actual or legal control of my business? In general, a person who has the power or authority, to manage, direct, govern, or administer how your business operates.

Q. Item 15. Who may sign this application?

If your business is a:	The application must be signed by:
Sole proprietorship	You; OR An individual for whom you have filed an ATF F 5000.8, Power of Attorney.
Partnership	Each partner; OR The partner who has been given the authority to sign by the articles of partnership or similar agreement of all the partners that you have filed for this permit; OR An individual for whom you filed an ATF F 5000.8, Power of Attorney.
Corporation, association, limited liability company or other business organization	An individual who has signature authority granted by the business documents that you have filed for this application; OR An individual for whom you have filed an ATF F 5000.8, Power of Attorney.

QUESTIONS

R. If I have questions about this ATF form, who can answer my questions? Contact a specialist in the Tobacco Unit, National Revenue Center by phone at 1-800-398-2282 or 1-513-684-7151, fax at 1-513-684-2251 or e-mail to natlrevctr@CINC.ATF.TREAS.GOV.

STARTING BUSINESS**S. When I file this application, can I start the business for which I have applied?**

Your reason for filing	
To start the business	No, you must wait for ATF to grant your permit.
To report the pending transfer in the ownership of the business	No, you must wait for ATF to grant your permit.
To report a change in control ¹ of a corporation	You may continue to operate if you file this form within 30 days of the change.

¹ A change in control of a corporation occurs when the issuance, sale or transfer of its stock results in changing the identity of the stockholders who exercise actual or legal control of the corporation.

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- T. When can I expect my permit?** In general, it takes up to 16 weeks before ATF decides if you qualify. ATF thoroughly examines the information that you provide with this application. If you omit information or provide partial information, it will take longer. Also, ATF may request additional information based on the information that you have provided. If ATF decides not to issue the permit, you will receive a written notice stating the reasons.
- U. Must I file other ATF forms?** If you are filing this application to start a new business or to take ownership of an existing business, you must:
- Upon starting business, file ATF F 5630.5 and pay the tax; AND
 - If you are filing to operate as a manufacturer of tobacco products, file ATF F 5000.29, ATF F 5000.30, and ATF F 3070 (5210.3); OR
 - If you are filing to operate as an export warehouse proprietor, file ATF F 2103 (5220.5).
- V. If ATF issues the permit, what else does ATF expect when I start business?** You must comply with ATF regulations. If you operate a factory to manufacture tobacco products, read Part 40 of Title 27 of the Code of Federal Regulations. If you operate as an export warehouse proprietor, read Part 44 of Title 27 of the Code of Federal Regulations. These parts of the ATF regulations are available from the ATF web site (<http://www.atf.treas.gov>) or the Government Printing Office web site (http://www.access.gpo.gov/su_docs/index.html).

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. We use this information collection to determine your identity, location, extent of operations and eligibility to engage in operations, and the likelihood that you will conform with Federal laws and regulations. This information is required from you to obtain or retain a benefit and is mandatory by law (26 U.S.C. 5712).

We estimate that you will spend 2 hours to complete this form (average burden associated with this collection of information). You may spend more or less time depending upon your individual circumstances. Address your comments concerning the accuracy of this burden estimate and suggestions to reduce this burden to: Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

ATF may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number. In addition, you are not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this form is 1512-0398.

PRIVACY ACT INFORMATION

The following information complies with Section 3 of the Privacy Act of 1974 (5 U.S.C. 552a(e)(3)):

- 1. What is ATF's authority to ask for this information?** We require this information under the authority of 26 U.S.C. 5712. You must provide this information before ATF decides on whether your permit will be issued.
- 2. What is the purpose for this information collection?** You must provide this information so that ATF will be able to determine your identity, location, extent of operations, and eligibility to engage in operations, and the likelihood that you will conform with Federal laws and regulations.
- 3. How does ATF routinely use this information?** We use this information to make determinations for the purposes described in paragraph 2. Also, if we are not prohibited by law, we may disclose the information that you provided for this form to other Federal, State, foreign or local law enforcement or regulatory agency personnel, and to members of the public to verify it. Finally, we may disclose this information to the Justice Department if it appears that false information, which constitutes a violation of Federal law, has been provided.
- 4. What is the effect if I do not supply the information ATF requests?** If you fail to supply this information, then it will delay ATF's determination as described in paragraph 2. Also, ATF may disapprove your application if you fail to supply the information.

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BUREAU OF ALCOHOL, TOBACCO AND FIREARMS (ATF)
APPLICATION FOR A PERMIT AS A MANUFACTURER OF TOBACCO
PRODUCTS OR AN EXPORT WAREHOUSE PROPRIETOR

ATF USE ONLY

Number

Date

1. I am applying for an ATF permit to conduct business as a:

☐ Manufacturer of Tobacco Products OR ☐ Proprietor of an Export Warehouse

2. I am applying because:

☐ I am starting a new business as stated in item 1.

☐ I am taking ownership of an existing business as of _____ (enter date) and attached their ATF permit, or if the permit is not available, their name and their ATF permit number are _____.

☐ There has been a change in control in the corporation of the business as of _____ (enter date), and I attached their ATF permit. If the permit is not available, state their name and ATF permit number: _____.

3. My legal name is (Read instruction H):

4. My employer identification number is: (Read instruction I)

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5. My trade name or names are (Read instruction J):

6. ☐ I have attached my trade name(s) certificate(s) (Read instruction K).**OR**
☐ I have NOT attached these certificates for the following reason: _____

7. The mailing address for my factory as a manufacturer of tobacco products or export warehouse is: (Note: ATF will use this address to correspond with you.)

8. ☐ I have attached a description and, if necessary, a diagram of my factory or export warehouse (Read instruction L)**OR**
☐ I have NOT attached a description for the following reason: _____
9. ☐ I have attached the documents of my business as required by instruction M.**OR**
☐ I have NOT attached documents for my business for the following reason: _____
10. ☐ I have provided the information about each person (Read instructions N and O) on this form or as an attachment.**OR**
☐ I have NOT provided this information for the following reason: _____

a. Full Legal Name.

b. Title and position in my business.

c. Percent (%) of voting stock or interest held in my business as a manufacturer of tobacco products or an export warehouse proprietor. Do NOT include stock held by a corporation to determine the percent of voting stock.

d. Dollar amount of investment in my business as a manufacturer of tobacco products or as an export warehouse proprietor.

Current:

Anticipated:

e. Name and address of the person(s) from whom the investment comes.

f. Reason for, or source of, investment. For example: savings, loan, profits from other business, or gift.

a. Full Legal Name.	b. Title and position in my business.	
c. Percent (%) of voting stock or interest held in my business as a manufacturer of tobacco products or an export warehouse proprietor. Do NOT include stock held by a corporation to determine the percent of voting stock.	d. Dollar amount of investment in my business as a manufacturer of tobacco products or as an export warehouse proprietor.	
	Current:	Anticipated:
e. Name and address of the person(s) from whom the investment comes.	f. Reason for, or source of, investment. <i>For example: savings, loan, profits from other business, or gift.</i>	

a. Full Legal Name.	b. Title and position in my business.	
c. Percent (%) of voting stock or interest held in my business as a manufacturer of tobacco products or an export warehouse proprietor. Do NOT include stock held by a corporation to determine the percent of voting stock.	d. Dollar amount of investment in my business as a manufacturer of tobacco products or as an export warehouse proprietor.	
	Current:	Anticipated:
e. Name and address of the person(s) from whom the investment comes.	f. Reason for, or source of, investment. <i>For example: savings, loan, profits from other business, or gift.</i>	

11. ☐ I have identified for item 10 the person(s) having actual or legal control over my business (*Read instructions N and P*).
- OR**
- ☐ I have identified the person(s) having actual or legal control over my business (*Read instructions N and P*) BY attaching to this application the information as required by item 10 WITH a statement on how actual or legal control is exercised.
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12. ☐ I have provided the information shown in the tables below for each person listed for items 10 and 11.
- OR**
- ☐ I have NOT provided this information because of the following reason: _____

a. Full legal name.	b. Date and place of birth.	c. Social security or employer identification number.
d. <input type="checkbox"/> Male <input type="checkbox"/> Female	e. Citizen or business of United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>state country</i>) _____	f. Other names used (<i>maiden name, nicknames, etc.</i>).
g. Residence(s), or place(s) of business, over the last five years.		

a. Full legal name.	b. Date and place of birth.	c. Social security or employer identification number.
d. <input type="checkbox"/> Male <input type="checkbox"/> Female	e. Citizen or business of United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>state country</i>) _____	f. Other names used (<i>maiden name, nicknames, etc.</i>).
g. Residence(s), or place(s) of business, over the last five years.		

a. Full legal name.		b. Date and place of birth.	c. Social security or employer identification number.
d. <input type="checkbox"/> Male <input type="checkbox"/> Female	e. Citizen or business of United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (state country) _____		f. Other names used (maiden name, nicknames, etc.).
g. Residence(s), or place(s) of business, over the last five years.			

a. Full legal name.		b. Date and place of birth.	c. Social security or employer identification number.
d. <input type="checkbox"/> Male <input type="checkbox"/> Female	e. Citizen or business of United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (state country) _____		f. Other names used (maiden name, nicknames, etc.).
g. Residence(s), or place(s) of business, over the last five years.			

13. Have you or any person listed in items 10 or 11 been denied a permit, license or other authorization to engage in any business by any government agency (Federal, State, local or foreign) or had such permit, license or other authorization revoked, suspended or otherwise terminated.

☐ Yes and I have attached the details of each occurrence to this application. ☐ No.

14. Have you or any person listed in items 10 or 11 been arrested for, charged with, or convicted of, any crime under Federal, State or foreign laws? (You do not have to include arrests, charges or convictions for operating a motor vehicle that are not felonies under Federal or State law.

☐ Yes and I have attached the details of each occurrence to this application. ☐ No.

15. I declare that I have read the instructions for this form. I understand that I may need to file other ATF forms before ATF may act on this application.

I understand that this application includes the information that I have attached to this form or incorporated by reference.

I understand that an appropriate ATF officer may require additional information to determine if I am entitled to the permit for which I am applying.

Before ATF makes its final decision about this application, I will immediately write to the ATF supervisor of the office listed in instruction B if any information for this application changes.

Under penalties of perjury, I have examined this application, and to the best of my knowledge and belief, this application, including any attachments, is true, correct and complete.

a. Signature	b. Title	c. Date
d. My e-mail address (optional)	e. My business telephone number	

How do I file this form? Send this form to the ATF Tobacco Unit, 550 Main Street, Cincinnati, OH 45202-3263.

ATF F 2093 (5200.3) (1-2003)